



1644/A

CERTIFICATE OF MAILING

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Name (Print/Type)	Kimberly W. Zuehlke	Signature	Kimberly W. Zuehlke	Date	10/19/01
TRANSMITTAL <input type="checkbox"/> Small Entity <input checked="" type="checkbox"/> Large Entity		Application Number	09/582,337		
		Confirmation Number	8342		
		Filing Date	September 18, 2000		
		First Named Inventor	Takuya Tamatani et al.		
		Examiner	P. Huynh		
		Group Art	1644		
		Attorney Docket No.	SHIM006		

ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input checked="" type="checkbox"/> Response to Rest. Req./Pre. Amend	Total	26	51	0		\$ -
<input type="checkbox"/> 37 CFR §	Independent	1	8	0		\$ -
<input checked="" type="checkbox"/> Pages 15	Multiple					
Total Extra Claim Fees						\$ -

☒ Applicants Petition for an Extension of time from 07-19-2001 to 10-19-2001 Fee \$ 920.00

A month extension was previously filed and paid for thereby reducing the basic fee

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☐ Response to File Missing Parts (with copy of formalities letter)

☐ Filing Fee

☐ Executed Declaration Pages _____ Surcharge Fee _____

☐ Other _____ Fee _____

_____ Fee _____

_____ Fee _____

_____ Fee _____

Subtotal \$ -

☐ Information Disclosure Statement

☐ PTO Form 1449 Pages _____

☐ _____ Copies of Cited References

☐ Other _____ Fee _____

Subtotal \$ -

☐ Response to Notice to Comply (with copy of Notice to Comply)

☐ Sequence Listing Certification

☐ Paper Copy of Sequence Listing Pages _____

☐ Diskette in computer-readable format

☐ Other _____ Fee _____

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<input type="checkbox"/> Terminal Disclaimer		Fee	
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages	_____	Fee _____
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	_____	Fee _____
<input type="checkbox"/> Reply Brief	Pages	_____	Fee \$ -
			Subtotal \$ -
<input type="checkbox"/> Other Enclosures and/or Fees _____		Fee _____	
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard		TOTAL FEES \$ 920.00	
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Karl Bozicevic	Registration No.	28,807
Signature	<i>[Handwritten Signature]</i>		Date <i>Oct 19, 2001</i>
Firm Name	Bozicevic, Field & Francis LLP	Address	200 Middlefield Road, Suite 200
City	Menlo Park	State	California
		zip	94025
Telephone - Direct Dial	650-327-3400	Facsimile	650-327-3231

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